

The Thorny Child

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BECAUSE all normal children grow, develop and, at times, misbehave, it is safe to predict that there will always be a demand for pediatric counseling. Just who will provide such counseling in the future is not so clear. During the past 30 years, pediatrics has achieved the status of a major division of clinical medicine. It is paradoxical that concurrent with this development there should be an increasing tendency for mothers to turn to other sources (including the lay press) for guidance in the understanding and management of their children. Why? Could it be that young mothers, who instinctively look to their physician for help, fail to find there the degree of support they seek?

Pediatrics (human developmental biology) exists as an age-group specialty because the factors that control growth and development also govern behavior patterns and alter the manifestations of disease. It follows that the pediatric specialist should be distinguished by expert knowledge of these factors. Other physicians in every specialty can and do treat diseases (which they may understand very well) in children (about whom they may know very little). We pediatricians must not surrender our role of authority in those areas that justify our existence as a specialty. Pediatrics and the pediatrician of the future depend not only on positive reactions to these challenges but on the philosophy of our medical educators. At present a majority of the children in this country who get any pediatric supervision at all get it from physicians whose formal study of human growth has not gone beyond a freshman course in embryology. This situation presents a problem in undergraduate medical education.

At the resident level, training in pediatrics is overwhelmingly oriented to sick child care. It is possible to become a pediatric specialist with very little background of study of normal growth and development. This, at least partially, explains why young pediatricians complain that they have not been appropriately prepared for the actualities of practice. Here lies a problem in postgraduate education.

Regardless of training, it is always difficult in practice to provide the time that the anxious mother

• Too many physicians—and parents—hide behind the overworked excuse that “Johnny is just going through a stage.” If the remark is inaccurate a great disservice can be done to both mother and child, and ultimately to society. The well oriented physician would no more permit a young mother to unwittingly feel “guilty” because her two-year-old “little stinker” behaves like a two-year-old little stinker than he would casually reassure when a ten-year-old behaves as though he were two.

Actually much of the unpleasant behavior of children is quite normal. If physicians would help all young mothers to recognize this without dismissing abnormal behavior, it would do much to avert the overwhelming sense of inadequacy that so many modern young mothers feel—especially with their first baby. If they can be made comfortable with their first the others usually come easily. Many physicians who care for children are not trained in the rudiments of developmental behavior. By means of a simple outline and drawing of “the thorny child” even the least of the experts can better understand some of the chronologic variations in developmental behavior.

requires or demands. This is a challenge in practical medical economics, one that calls for dedicated, intelligent planning of streamlined office technique.

The pediatrician does not have to use the time-consuming techniques of the psychopathologist, but he does need to apply a practical working knowledge of the patterns of normal developmental behavior and in relatively simple ways. He should be particularly sympathetic to the problems of the new mother with her first baby, a time that maternal insecurity is maximal. The objective is to enable her to enjoy her baby and to guide her in the understanding of normal problems as he grows and develops. Surely, no mother should be permitted to feel that she is a bad mother because her two-year-old “little stinker” behaves like a normal, two-year-old little stinker. On the other hand, when a ten-year-old child throws a tantrum, he is behaving like a two-year-old. Such behavior should not be permitted to thrive behind the lame and overworked excuse that “Johnny is just going through a stage.”

Several dividends are to be realized from giving good counsel and moral support to the mother with her first child. If the support is successful, it is quite unlikely that she will have any serious anxieties concerning subsequent children. (Ultimately, this

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could lead to happier pediatricians.) Furthermore, secure, happy mothers have secure, happy babies who are not likely candidates for the child guidance clinics. In effect, this is elementary preventive psychiatry and should be a conscious responsibility of every pediatrician.

The more mature mothers of our current generation of adolescents are worthy of special attention and sympathetic support, too. Many were reared as children in an era characterized by rigid and even harsh discipline. At about the time they first became parents, they were exposed to radically different concepts of child rearing presented under such labels as "permissiveness," "self-discipline," "progressive education," and "uninhibited growth and development." Today, many of their teenaged children are uninhibited juveniles who were never exposed to discipline nor taught to respect authority. Not only they but their parents are on the spot. Some of the same "experts" who advised these parents to avoid spanking, and warned them certainly never, never to strike a child in anger (whoever spanked a child in happiness?) now point an accusing finger and say, "You, Mother, are a bad parent who is going to be held strictly accountable."

We cannot help mothers by stimulating their sense of guilt. Actually, our entire culture is responsible for the results of this great experiment in permissiveness. Although we have paid a price, it has not been without recompense. Many lessons have been learned, and we appear to be adopting a sensible middle-of-the-road approach that encourages reasonable discipline and respect for authority.

Assuming that practicing pediatricians will take a more active role in helping mothers manage their children, how can those who have had little background training better prepare themselves to meet the challenge? While there are many fine books on the subject of growth and development, most physicians are discouraged by a tedious mass of detail. I have distilled the fundamental points described by most authors into a simple outline, with which even the least knowledgeable can help mothers become more comfortable with the normal but unpleasant behavior that is characteristic for children at certain age periods.

The chronologic variations have been illustrated with a drawing in which a rose depicts "The Thorny Child" (Figure 1). The thorns on the stem represent the normal problem (thorny) years. The problems tend to reach a peak every other year. Typically, these are the even years during the first eight years—2, 4, 6, 8—then the odd years from nine through 15—9, 11, 13, 15. It is important that we do not overemphasize the thorns or underemphasize the periods between that represent pleasant

interludes of development—but, then, parents rarely complain about the latter. At 16, the buds of maturity are evident and are followed by the fully matured rose which is hopefully expected by age 18 to 21.

Parents should be taught that, when considering the typical behavior of a particular child of a particular age, not all children behave "that way" all the time, nor can they assume that the unpleasant aspects characteristic of a specific age are necessarily approved or that nothing should be done about them. Children learn by patient, repetitious guidance and discipline. Parents usually must learn to cope with unacceptable behavior before children can develop acceptable deportment.

The following paragraphs briefly outline the age periods characterized by unpleasant child behavior.

At 3 to 12 weeks of age, infant colic can be exceedingly disrupting to a home that had anticipated a charming, happy baby. This usually, but not always, occurs in first-born male infants. It is characterized by intermittent episodes of screaming. Such episodes occur more frequently at night. Except that it is related to factors in the growth and maturation of the baby who is in a stressful environment, we really know little about colic of this kind. Although most parents just have to live through this period, a sympathetic physician can help immeasurably.

At 18 to 30 months, the child enters a negativistic period in which he enjoys doing "the opposite." He is constantly on the move; he bangs his head, moves furniture; and he hears "No! No!" so much he thinks his name is "No, No Johnny." At the same time, his own favorite word is "No." This period of "disequilibrium" reaches a peak at two and half years—the "little stinker," the "terrible two" or the "imperial age." The child is dictatorial, domineering and demanding. He throws a tantrum if he doesn't get what he wants. He balks at anything new and insists on the same stories each night.

Management of the "little stinker" can be difficult but some things help. Leave his food on the table without comment, and compliment him if he has eaten. This is a peak period for accidents; make it physically impossible for him to get into danger. "Working around" him is better than a head-on clash. Simplify all directions and discussions. Never ask for a decision; but use invitational words such as "let's" or "how about it"; or ask questions "Where did it go?" or "How can we do this?" This is a period in which infant autocracy and maternal autocracy can clash in the beginning of a war that can lead to permanent problems of feeding and behavior. Parental patience and a sense of humor are essential.

"THE THORNY CHILD"

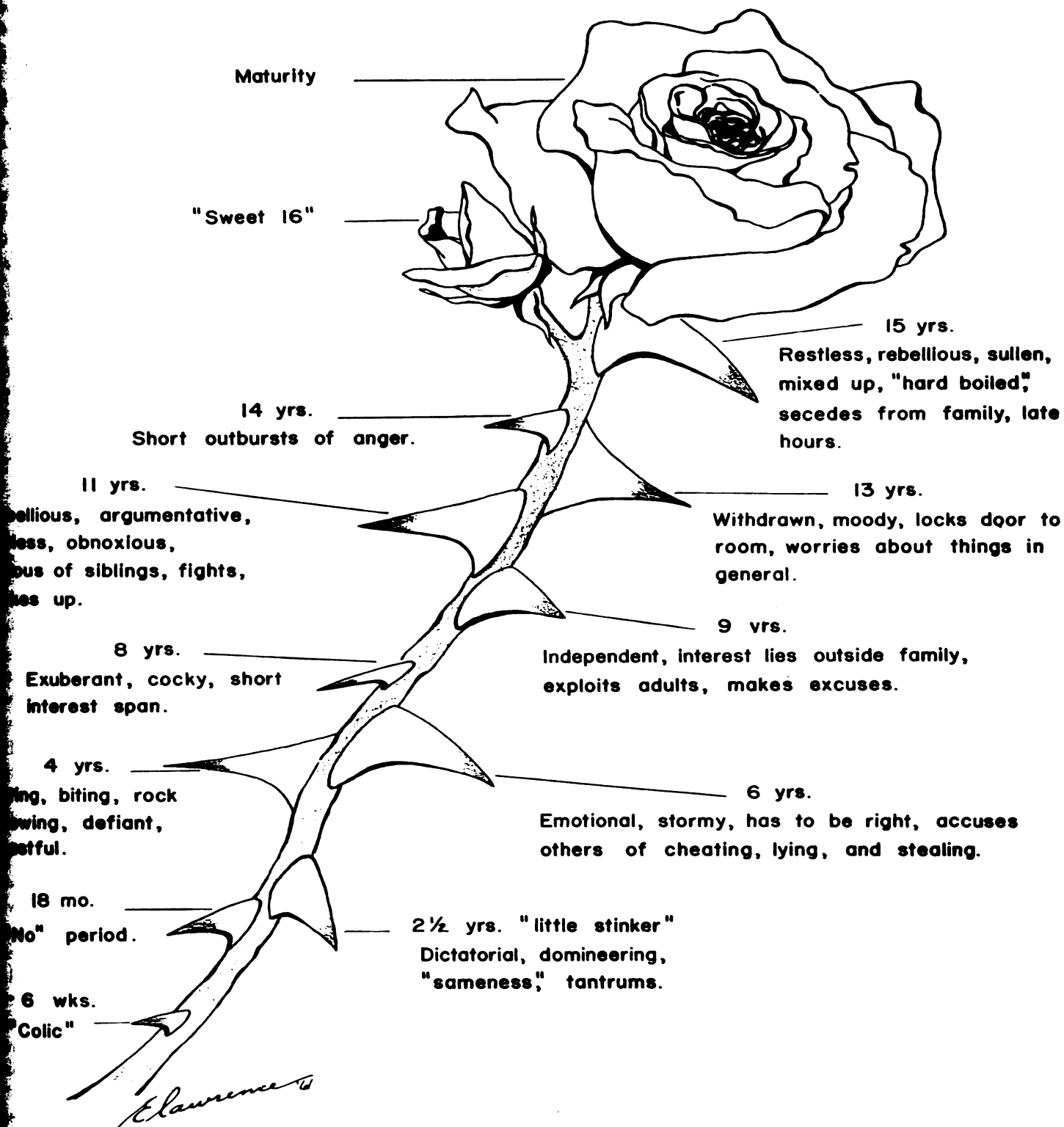


Figure 1

Surprisingly, the 3-year-old learns to say "yes" as easily as "no." At three and a half, because he is awkward, he constantly falls and stumbles—hence is somewhat insecure and has a fear of falling. By and large, three is a pleasant contrast to two; but whining may be an unpleasant characteristic that indicates a need for more attention at times.

The 4-year-old presents one of the difficult ages with behavior characterized by hitting, biting, throwing rocks, breaking toys and running away. He alternates laughter with rage and frequently shocks his mother with very bad language. He is not cowed by maternal threats of punishment but is defiant, swaggering and boastful. He may not distinguish between facts and fiction and frequently finds the latter more interesting. Because he is out of bounds in all directions, the *management* of the 4-year-old is dependent on firm discipline: Limits must be set; lines drawn and adhered to.

Five years is a good age, as parents observe with a sigh; but it doesn't last.

The 6-year-old period is stormy. At that age a child is emotional and in constant conflict. It is a rigid, negative, demanding, unadaptable age. It is not unusual for the 6-year-old to threaten, "I'll kill you," or to declare, "I hate you," and only a short time later hug you and say, "I love you." Mother has ceased to be the center of his world. He has a constant drive for independence—he literally dares you to "try and make me." At six years, fighting is natural; music lessons are not. A child at that age has to be right; he has to win, and he must be praised. Six years is an age when a child is most likely to cheat and steal; and at that age he often accuses others of cheating.

Hints on management: Awareness that the 6-year-old is having a difficult time is fundamental. He may not be ready for starting school (especially if a boy). The parents should try to avoid unhappy events. The 6-year-old usually gets along much better with his father than his mother, so Father can often step in and save face for Mom.

The 7-year-old is much better, but he has good and bad days. He likes to be alone and always hears just what he wants to hear. He likes television and needs help to "stop." He dislikes being interrupted and protects his things from other children. A 7-year-old is very imaginative. Some think he is a pathologic liar or "nuts" so don't take him seriously.

The 8-year-old is exuberant, expansive, cocky, talks with his mouth full of food and overestimates his ability. He tackles things with eagerness but rarely completes them, or he may get upset over failure; but then he will go right on and start something new tomorrow.

Hints on management: Protect him from doing too much or impossible tasks and avoid excessive criticism when he fails. When he boasts, say, "That's a good story—what really happened?" He likes to work for cash and wants hints rather than detailed directions.

The 9-year-old is more interested in friends than family and tends to withdraw from the family circle. He is quite independent and resists bossing. He becomes expert in exploiting adults when he wants something. He worries about failure in school and may give neurotic excuses to stay home or get out of work and practice.

Hints on management: Don't impose yourself on a 9-year-old; he will rebel if given too many orders. He responds better if treated as if he were more mature.

Ten years is one of the "nicest ages." Obeying family rules comes easily and naturally. A child at that age actually tries to be good. To him, the parents are law, but he is flexible and doesn't take things too seriously. (Not until 16 is the child again so comfortable and easy to manage, and never again will parents be so completely accepted.)

Comment: This is an age when children like to spend time with fathers; and busy fathers should take advantage of this instead of making the mistake of waiting until the child is "more interesting at a little older," for by then the children will not have time for the fathers.

The 11-year-old is a rude, argumentative bundle of energy, who blames others, holds grudges and is generally obnoxious, disturbing and useless around the house. Parents wonder what happened to the wonderful 10-year-old. Yet, away from home the boor can behave divinely! The 11-year-old tries to rebel from home, school and church. He is jealous of his brothers and sisters, and at no other age does he get along so poorly with siblings. It is unusual for the 11-year-old to do things just to spite Mother. He alibis about chores, may swear and always seems to be in the refrigerator. He fights for his bedtime rights by quoting the privileges of "other kids." He wants to have the radio on all the time, preferably loud and preferably rock and roll. Boys get into fights and then make up quickly. Girls just get mad and then make up. Boys cheat more but at 11, girls may steal. The 11-year-old girl is acutely aware of her budding breasts. She has frequent personal checks before going to bed—so girls are embarrassed enough to hunch shoulders in an attempt to hide their development. Girls at 11, for the last time think boys are pests. Girls want clothes; and boys want money.

Hints on management: Keep demands few, but firm.

The 12-year-old is enthusiastic (loves everything), likes to arrange things for his own activities, day-dreams; and even the boys like to help cook. Girls usually are interested in boys but not vice versa. The 12-year-old girl is maturing rapidly—gets her first bra and may menstruate. If she does, she may ask mother not to tell dad, then will go right out and tell her friends. Boys begin to experience erections and night dreams. They seek sex information; but, surprisingly, if a boy goes to a parent at all, he is usually to his mother; more often, he gets misinformation from playmates or he does the best he can with a dictionary.

The 13-year-old has lost his enthusiasm—he is withdrawn and moody. He goes to his room and locks the door. He is actually mulling things over. He worries about popularity, school, money and the future. His parents worry and feel hurt because he no longer confides. *The answer; let him alone.* Girls still constantly criticize Mother at home but (relax, Mother) not elsewhere. The 13-year-old boy is concerned about changes in his voice and, perhaps, about breast enlargement.

The 14-year-old is friendly, joyous, straightforward and likes to talk things over, but just for fun will make it an argument. He gets angry, but the outbursts are short. Boys like to fool around with girls and will “bug” the parents about wanting to drive. Girls spend their allowance on records, clothes and books. The 14-year-old lives on the telephone. If dad is a professional man, a second car may be essential. Fourteen is loud, and groups of fourteeners are unbelievably noisy.

At 15, there is a terrible “relapse” into unpleasant moods, marked by sullen, restless, complex behavior that is exasperating. The 15-year-old is a mixed-up adolescent. Although very self-critical, he puts up a defensive front of being “hard boiled” or “tough.”

At this age, he is furthest away from parents—and may even secede from the family circle. He may enter the house and go directly to his room without a greeting, or he may sit in the same room with parents without noting them at all. He likes to be up late and preferably out of the house. He needs work but works better for others than for parents. Necking is uppermost in the 15-year-old girl's mind, but boys tend to think more of their future and business—although they are not averse to a little “smooching” or, in modern teenage vernacular, “making out.”

Sixteen—“Sweet 16”: At last! Sixteeners are usually happy, friendly, good tempered, self-assured, and realize that Mom and Dad have finally learned something in the past few months. Thorny problems occur but they are handled in a more mature way.

It is important to remember that these stages of behavior may appear earlier or later than in the typical patterns presented here. Actually, most children will display a mixture of patterns, at times temporarily reverting to behavior typical of a preceding period or of a period yet to be reached. Persistently abnormal behavior requires evaluation and may signal the need for consultation with someone who is an expert in the field.

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